

TOWN OF PAHRUMP
FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT
Subsection 6(1)

TO: _____

Address to the Deputy Minister of senior administrative officer of the public body where the record is filed or deposited.)

1. This is an application pursuant to the Freedom of Information and Protection of Privacy Act for access to:

Check one

- (a) applicant's own personal information; or
- (b) other information; or
- (c) both applicant's own information and other information.

2. I am applying for access to the following record:

(Below, identify the material applied for precisely by including such particulars as the specific event or action to which it refers, the date of the record or the date or period to which it relates, the type of record (document, report, letter, et cetera), names of department personnel who prepared or may have knowledge of the information, or citations to newspapers or publications which are known to have referred to the record.)

3. I wish to:

Check one

- Examine the record; or
- Receive a copy of the record.

4. I understand that I may be required to pay a fee before obtaining access to the record.

Date: _____

Signature of Applicant:

Print Full Name of Applicant:

Mailing Address of Applicant:

(Street/Apartment No./City, State, Zip)

Telephone Numbers of Applicants:

Date Received _____

FOR OFFICE USE ONLY

Approved _____